

Delta Dental PPO *Plus Premier* Voluntary Enhanced Plan

You value your dental benefits, but providing these benefits can be cost prohibitive for some employers. That's why Delta Dental offers the Delta Dental PPO *Plus Premier* Enhanced Plan. This program makes it possible for you to join a comprehensive, cost-effective dental plan with all the advantages of a contributory plan.

Experience the Delta Dental Advantage

With the Delta Dental PPO *Plus Premier* Enhanced Plan, you will enjoy:

- NO waiting periods for service and NO pre-existing conditions exclusions.
- A comprehensive plan design – coverage on everything from cleanings to crowns.
- Access to the largest dental networks in the state and the U.S. through our Delta Dental PPO and Delta Dental Premier Networks.
- Up to \$1,000 in coverage annually for each member.

How the Plan Works

The Delta Dental PPO *Plus Premier* Enhanced Plan is easy to use and understand. Upon enrollment, you will receive an ID card and a benefits summary which lists the level of coverage for services performed by participating Delta Dental PPO or Delta Dental Premier dentists.

Networks

Delta Dental PPO *Plus Premier* Enhanced Plan members benefit from having access to two of Delta Dental's extensive national networks — **Delta Dental PPO**, with over 228,000 participating dentist locations and **Delta Dental Premier**, the largest dental network in the country with over 314,000 dentist locations.

- **Delta Dental Premier** network dentists provide good value and an extensive network.
- **Delta Dental PPO** network dentists provide greater savings due to deeper discounts.
- Both networks offer discounted fees and a no balance-billing policy.
- If you choose to receive services from a non-participating dentist, you will have higher out-of-pocket costs as the Delta Dental contract rates and no balance-billing policy do not apply.

No Claim Forms

Participating dentists prepare and submit claims. If a co-payment is applicable, it is paid directly to the network dentist.

Direct Payment

Delta Dental pays the dentist directly, so you don't have to pay the covered amount up front and wait for a reimbursement check.

Rollover Max

This valuable benefit feature allows you to roll over part of your unused spending in a healthy year to increase your maximum benefit limit the next year, and beyond. Visit our website or see our *Rollover Max* brochure for more details and limitations.

Out-of-Network Coverage

The Delta Dental PPO *Plus Premier* Enhanced Plan covers services performed by non-participating dentists. However, your out-of-pocket expenses may be greater. You will be responsible for the difference between Delta Dental's payment and the dentist's submitted charge, and may be responsible for submitting your own claim forms.

Eligibility Requirements and Rates

All active employees are eligible to join this plan. Coverage is available for dependents up to age 26. Employees who elect coverage must remain on the plan for one year.

Premium Information

Your company will collect the following monthly premiums through payroll deductions and remit payment to Delta Dental:

Individual:	\$51.00
Family:	\$130.00

These rates will be in effect from July 1, 2015, through June 30, 2017.

Delta Dental PPO *Plus Premier*

Voluntary Enhanced Plan

The Delta Dental PPO *Plus Premier* Enhanced Plan is primarily an employee-paid dental plan that will enable you and your family to enjoy the benefits of quality, affordable dental care from dentists in Massachusetts and across the country.

The approximate level of coverage for services performed by dentists who participate in the Delta Dental PPO or Delta Dental Premier networks is shown below. Any limitations that may exist for each service are also indicated. The limitations reflect the availability of coverage only. It is up to you and your dentist to determine the need and frequency of dental procedures. Please see the backside of this document for information about how to use your plan.

DEDUCTIBLE: \$50 per individual / \$150 per family. Deductible waived for Diagnostic and Preventive categories. CALENDAR YEAR MAXIMUM: \$1,000 per person.		CO-INSURANCE COVERAGE	
CATEGORY / PROCEDURE	QUALIFICATIONS	IN-NETWORK	OUT-OF-NETWORK
DIAGNOSTIC Comprehensive Evaluation Periodic Oral Exam Full Mouth X-rays Bitewing X-rays Single Tooth X-rays	Once every 60 months per dentist. Once every 6 months. Once every 60 months. Once every 6 months. As needed.	100%	100%
PREVENTIVE Teeth Cleaning Fluoride Treatments Space Maintainers Sealants Chlorhexidine Mouthrinse Fluoride Toothpaste Periodontal Cleaning	Once every 6 months. Once every 6 months for members under age 19. Required due to the premature loss of teeth. For members under age 14 and not for the replacement of primary or permanent anterior teeth. Unrestored permanent molars, every 4 years per tooth for members through age 15. Sealants are also covered for members aged 16 up to age 19 for those who had a recent cavity and are at risk for decay. This is a covered benefit only when administered and dispensed in the dentist's office following scaling and root planing. This is a covered benefit only when administered and dispensed in the dentist's office following periodontal surgery. Once every 3 months following active periodontal treatment. Not to be combined with preventive cleanings.	100%	100%
RESTORATIVE Silver Fillings White Fillings (Front Teeth) White Fillings (Back Teeth) Temporary Fillings Stainless Steel Crowns	Once every 24 months per surface per tooth. Once every 24 months per surface per tooth. Covered only for single surfaces. Once every 24 months per surface, per tooth, multi-surfaces will be processed as a silver filling and the patient is responsible up to the submitted charge. Once per tooth. Once every 24 months per tooth.	80%	80%
ORAL SURGERY Simple Extractions Surgical Extractions	Once per tooth. Once per tooth.	80%	80%
PERIODONTICS Periodontal Scaling and Root Planing	Once in 24 months, per quadrant.	80%	80%
ENDODONTICS Root Canal Treatment Vital Pulpotomy	Once per tooth. Limited to baby teeth.	80%	80%
PROSTHETIC MAINTENANCE Bridge or Denture Repair Rebase or Reline of Dentures Recement of Crowns & Onlays	Once within 12 months, same repair. Once within 36 months. Once per tooth.	80%	80%
EMERGENCY DENTAL CARE Minor treatment for Pain Relief General Anesthesia	Three occurrences in 12 months. Allowed with covered surgical services only.	80%	80%
PROSTHODONTICS Dentures Fixed Bridges and Crowns Implants	Once within 60 months. When part of a bridge. Once within 60 months An Endosteal Implant is covered to replace one missing tooth (in lieu of a three unit bridge, and when all adjacent teeth do not require crowns.) Once per 60 months per Implant.	50%	50%
MAJOR RESTORATIVE Crowns	When teeth cannot be restored with regular fillings. Once within 60 months per tooth	50%	50%

Identification Cards

Two identification cards from Delta Dental will be mailed to your home shortly after your enrollment. Both cards are issued in the subscriber's name, but can be used by everyone covered under the Delta Dental PPO Plus Premier Enhanced Plan. Simply provide your dentist with the information that is printed on your ID card at your next dental office visit.

The Claims Process for Delta Dental PPO or Premier Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card.
- The dentist will submit your claim and be paid directly by Delta Dental.
- If you have a patient responsibility, Delta Dental will send you an Explanation of Benefits (EOB) detailing what Delta Dental paid the dentist under your plan's coverage and your remaining patient balance, which you pay directly to the dentist.
- You are responsible for any co-payments and deductibles.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's contracted rate. Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's contracted rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

About Non-Participating Dentists and Out-of-Network Coverage

Your Delta Dental PPO Plus Premier Enhanced Plan provides coverage for services received from dentists who don't participate in the Delta Dental PPO or Delta Dental Premier networks. However, your out-of-pocket expenses may be more.

Delta Dental's payment for services received from non-participating dentists is based on either the dentist's fee or the maximum plan allowance for non-participating dentists, whichever is lower. If you utilize the services of a non-participating dentist whose fees are higher than the maximum plan allowance, you will be responsible for the difference between Delta Dental's payment and the dentist's total submitted charges.

The Claims Process for Non-Participating Dentists

- Simply provide your dentist with the information that is printed on your ID card. Your dentist will collect his/her fees directly from you.
- Delta Dental will reimburse you based on a claim form that you submit to: Delta Dental, P.O. Box 249, Thiensville, WI 53092.
- You are responsible for paying any deductibles or co-payments as well as the difference between what Delta Dental pays and what the dentist charges.

Coordination of Benefits

If your family is covered by more than one dental plan (or a medical plan that offers dental coverage), Delta Dental will coordinate benefits with the other carrier. In determining coverage, total payments from both carriers cannot exceed the allowable charge for service. If you have a question about Coordination of Benefits (COB), please contact our Customer Service Department at 1-800-872-0500.

Other Claims Information

- All claims must be submitted within one year.
- Ask your dentist to submit a "pre-treatment estimate" to Delta Dental for any procedure that exceeds \$300. This will enable us to help you estimate any out-of-pocket expenses you may incur.
- If you receive a treatment that is not covered under your plan, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. Also, if you receive a treatment after you have exhausted your maximum or if you receive a treatment which will cause you to exceed your maximum, you may be billed at the dentist's normal rate rather than Delta Dental's negotiated rate. To avoid any unexpected out-of-pocket expenses, we recommend that you visit Delta Dental's website at www.deltadentalma.com or call Customer Service at 1-800-872-0500 to determine your remaining benefits.

- If a claim is denied, you can request an appeal by writing to Delta Dental within 180 days of receiving notice on the claim. Appeals should be sent to: Delta Dental of Massachusetts, P.O. Box 249, Thiensville, WI 53092.
- Under your plan's subrogation clause, you may be required to reimburse Delta Dental for claim payments if you also receive payment from a third party who is held liable for an injury that required the dental care.

Where To Get More Information

If you have further questions, please contact Delta Dental's Customer Service department at 1-800-872-0500.

At your request, interpreter and translation services related to administrative procedures are available to you or a covered family member.

خدمات ترجمة فورية/ترجمة
في حالة طلبكم نقوم بتوفير مترجمين وخدمات ترجمة تنطبق بالإجراءات الإدارية.

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翻譯服務

如果您提出要求，我們可以為您提供相關的行政禮儀的翻譯服務。

Services de traduction et d'interprétariat.
Les services de traduction et d'interprétariat en connexion avec les
procédures administratives sont disponibles sur demande

Услуги устного/письменного перевода.
По Вашему требованию будут предоставлены услуги устного и
письменного перевода, связанные с административными процедурами.

Sèvis Entèprèt ak Tradiksyon Si w mande sèvis entèprèt ak tradiksyon pou
prosedè administratif, nap mete yo a dispozisyon ou.

Servizi di interpretariato e traduzione A richiesta, sono disponibili
servizi di interpretariato e traduzione relazionati con pratiche
amministrative.

ບໍລິການແປພາສາ ແລະ ນາຍພາສາ

ຕາມທີ່ທ່ານຂໍມາ, ພວກເຮົາມີບໍລິການນາຍ ແປພາສາ ແລະ
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Serviços de tradutor(a)/intérprete Se assim o solicitar, estão
disponíveis serviços de tradução e interpretação para os procedimentos
administrativos.

Υπηρεσίες Διερμηνείας/Μεταφραστές
Μετά από αίτησή σας, υπηρεσίες διερμηνείας και μεταφραστές σχετικά με
διοικητικές διαδικασίες είναι στη διάθεσή σας.

Servicios de interpretación/traducción Si usted lo solicita, se
encuentran a su disposición servicios de interpretación y traducción para
asistírle en procedimientos administrativos.

Your Plan is Administered by:

Delta Dental of Massachusetts
1-800-872-0500



Delta Dental of Massachusetts
465 Medford Street, Boston, MA 02129
www.deltadentalma.com

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